

. . . THE LABORATORY OF THE FUTURE,
INAUGURATING TODAY A NEW CONCEPT
OF DENTIST — LABORATORY RELATIONS —
TRULY OPENING A MORE ENLIGHTENED
ERA OF PROSTHETIC COOPERATION.

8220 S. WESTERN AVE • CHICAGO 20, ILLINOIS

JOINT POLICY COMMITTEE



From left to right: Dr. Joseph T. Brophy, Dr. G. Herbert Fitz, Mr. Joseph E. Kennedy, Dr. Wayne L. Fisher, Chairman, Edward Mauter, Secretary, Dr. Walter E. Dundon, Mr. Edward B. Grimes, and Mr. Harold Wilson. Dr. Dundon, who was a guest at this meeting, is Chairman of the American Dental Association Council on Dental Trade and Laboratory Relations.

The Joint Policy Committee, a sub-committee of the Joint Prosthetic Service Committee of the Illinois State Dental Society and the Illinois State Laboratory Association, has been formed. It has the following objectives:

1. To make a thorough study of dentist-laboratory relations;
2. To devise ways and means of protecting the public, the dental profession, and the legal dental laboratory;
3. To devise methods and standards for accrediting dental laboratories.

Reports on the progress of this committee will appear from time to time in the pages of the Fortnightly Review.—E.E.

The Fortnightly REVIEW

of

THE CHICAGO DENTAL SOCIETY

July 15, 1956

Volume 32 • Number 2

Professional Competence and Attitudes*

Willard C. Fleming, Dean, University of California, College of Dentistry

We are gathered this morning to dedicate the building that will house your School of Dentistry.

This is an important occasion in itself, but this dedication is only a part of the 50th Anniversary celebration of the College of Medical Evangelists which will extend through the year of 1955. It was in November of 1905 that 8 girls registered to form the first class of nursing students.

Ships and institutions of learning are almost always referred to in the feminine gender. Past experience with this sex indicates that one cannot always assume that 50th birthday felicitations will be received gracefully! However, the lady whose birthday it is, has shown such vigorous growth and promise of long years of life ahead that 50 years barely puts her in the bobby sox class, where birthdays are still considered more of an asset than a liability.

This is fortunate because felicitations are certainly in order when one considers the tremendous growth of CME during these 50 years. It is quite fitting that these birthday greetings be offered during the

dedication of your dental school building, for it has been during these same 50 years that dentistry has experienced its period of greatest growth and development.

During this era, a number of events took place that greatly affected dentistry. Each of these events is notable in itself, but grouped together have accounted for dentistry's outstanding development during this half century. Local anesthesia graduated from the dangerous and little used cocaine to the effective and safe novocain. Casting technics and the x-ray were adapted to dental use. The work of Billings and Rosenau emphasized the effect of oral infections on other organs of the body, the so-called focal infection theory. The discovery of this relation between oral and general health came at the same time that American dentistry was being condemned by Sir William Hunter as "mausoleums of gold over a mass of sepsis." Drastic changes in the practice of dentistry resulted from these discoveries and the criticisms of Sir William and others. These changes took dentistry out of the artisan class and placed it in the group of general medical services connected with health and life itself.

Thus, in this same half century, the dental profession and the College of Medical Evangelists began to develop as important members of the health professions. Objectives and backgrounds may

*An address delivered at the dedication of the new School of Dentistry Building of the College of Medical Evangelists, Loma Linda, California, September 18, 1955.

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have varied, but there is one important factor common to both which led to their growth and development. This is the ability to accept new objectives and to assume new responsibilities. The College of Medical Evangelists has fully demonstrated this by its expansion during the past 50 years, with the inclusion of medicine and dentistry and the several auxiliary health services. Only last year, additional responsibilities were assumed with the authorization of the School of Graduate Studies.

Dentistry too has increased its responsibilities. In the early days these were few. They were primarily the relief of pain and the restoration of teeth. The men who performed these functions needed little or no formal educational background. Then came Hunter and the focal infection theory, and dentistry recognized the need for a broader educational background. As our knowledge of causes of dental disease began to develop as the result of research, we became responsible for the control of dental disease. This is our status today.

The next step in our development is to advance our knowledge to a point where dental disease joins the other so-called preventable diseases. This step is as certain as the fact that children grow up to be adults, for disease, like man, goes through certain ages. In the beginning, when we know little of cause, we can treat only empirically. As research adds to our knowledge of cause, we can control; and when the cause of a disease is fully known, we can prevent. For example, typhoid is a disease that has gone this route. In the early days when typhoid was first recognized as an entity and its cause was unknown, it could be treated only empirically. This was the day of such remedies as the ground-up tongue of the newt caught in the light of the new moon, and other equally fantastic remedies. Following the discoveries of Pasteur, and the identification of the typhoid bacillus, we were able to control typhoid by the use of quarantine and isolation, but still could not prevent it. Later, when it was found that typhoid

operated through the water supply, our knowledge of cause was complete enough to place typhoid where it is today, as a preventable disease.

At the turn of the century the major dental diseases, pyorrhea or periodontosis and dental caries, were still in the treatment stage. During the past 50 years our knowledge of the causes of these two dental conditions has increased, and consequently we have moved from the age of treatment to the age of control. Periodontosis is making the transition from the treatment to the control stage very slowly. To draw a parallel in the field of medicine, one can compare the progress we are making in the control and prevention of periodontosis to the progress being made in the field of cancer. We are able to control some forms, but not all. One feels that in both diseases we are a long way from our goal of prevention.

On the other hand, we have made rapid strides in advancing the control of dental caries. Our knowledge of the cause and control of dental caries closely parallels that of diabetes. Today the physician cannot prevent diabetes, but by early examination, early diagnosis and early treatment, he can control diabetes to a point where the patient can carry on a normal healthy life. The same is true of the dentist and dental caries. Early examination, diagnosis and treatment enables the dentist to control dental decay to a point where the teeth can be maintained both in health and in function. Dental caries and diabetes are approaching the barrier between control and prevention. It may be within the lifetime of some of us that we will be able to break through this barrier and witness dental caries as a preventable condition. Even now, some dentists feel that our knowledge of cause has reached the point where dental caries is a preventable disease. They may be right, and our major obstacle may not be as much a matter of our knowledge of cause as a matter of how to make our present knowledge effective. How does one go about reducing the intake of refined carbohydrates, step up the ingestion of fluorine and the use

of daily oral hygiene? Certainly not by force and legislation. The only avenue of approach is through education, the direction of which will be an additional responsibility of the dental profession.

During this 50-year period the craftsman dentist has developed into a highly specialized, well educated professional member of the health services. He has expanded his technical skills and he has added the educational background and scientific knowledge to keep pace with the developments in the other health professions. Professional competence has been achieved, and its continued growth may be assumed; but is professional competence enough?

To answer this question, one must look further than the confines of dentistry itself. After all, these developments within the profession did not take place in a vacuum. Social, economic and political conditions and attitudes have changed radically within these same 50 years.

In the United States, the people have achieved a higher measure of political participation, civil liberty and mass education than in most other great powers. The struggle to attain these objectives, which we observe in other parts of the world, is past history with us. Even though one grants there is still an imperfection or two or even three. At present we are endowed with resources that could not have been enjoyed a couple of generations ago. The majority of us receive the benefits of the highest standard of living ever achieved by any population group, and yet our technological growth and development, with its social and economic impact, continues.

When a population is struggling on a hand-to-mouth basis, its problems are few. Choices and decisions are limited to food, shelter, clothing. Once the struggle for the basic essentials is past, however, each member of the population can begin to decide on other things in life. In comparison with food, shelter and clothing, medical and dental services are not basic essentials, but soon after the basic needs are met they do assume roles of importance. They also begin imme-

diately to compete with other items and decisions. For example, in our country today the great majority of us do not fear a lack of food, shelter or clothing. We do not have to decide whether we will have one at the sacrifice of the others. Our decisions are more on the order of whether we will have a nice home and a cheap auto, or an expensive auto and a cheap home; or whether we will have a television set or get our teeth fixed.

As the economy improves, the number of so-called necessities grows. General health, with its need for medical services, is one of the first to be added to the amended list of basic needs. Dentistry follows, but because of the non-fatal consequences of dental neglect, it has to compete with other items. However, there is increasing evidence that in the economic and high production atmosphere of this country, dentistry is high on the list of items being added to what our population considers necessities. As a result of this, the economic and social stature of dentistry in the community has increased. The people have recognized the dentist's services as a basic need, partly because of the economic changes in their own lives which have made this possible, and partly because of the improved professional competence which has been brought about by changes within the profession itself. However, even this change in the concept of dental service as a necessity would not have affected the profession to any great extent if the practice of dentistry or medicine could be isolated from the social and human aspects of life. Obviously, this is impossible. Changes, not only in social and economic conditions, but in attitudes as well, affect us mightily. As the impact of these changes is felt by the profession, we will have to change our attitudes and even our mode of practice to meet these new conditions.

Specifically, what are some of these changes that may lead us to alter our methods of practice? Primarily, these are nation-wide and even world-wide changes in human relations. Less than 100 years

(Continued on page 24)

"OFF THE COB"

with Country Larsen

This is certainly a columnist's dream—a shady spot beneath a tree, a cooling libation in one hand and notebook and pencil in the other, and plenty of corn to pick from for this week's crop! Here we are at the Annual Golf Outing at White Pines Country Club in Bensenville, Illinois, the date June 20th, 1956. Weatherwise, the day started out quite dark and gloomy, but now the rain clouds have disappeared and the sun is shining, and though it's a bit hot and humid no one seems to mind in the least. Chairman Bob Oppice and his committee are doing a bang-up job, and it looks from here like the day will be a tremendous success.

Now to stroll over to the first tee for a few words with our congenial Executive Secretary, Karl Richardson, who is busy handing out score cards and collecting money. In answer to my question as to how many are out on the course, Karl replied, "101 golfers and 17,000,000 locusts!" Over at the 6th hole, the short one, Henry Huntington, our insurance representative, is holding forth. Henry has donated a prize for the ball closest to the pin at this hole, so he'll be operating here most of the day. Heading back to the clubhouse, see a group of the boys around the 18th green; there's Jim Keith, Harry Chronquist, Gene Stearns, O. E. Scott, Rudy Grief, Jim Lynch, Axel Pedersen, Ed Sullivan, Don Casey, Walter Kelly and Eric Lindholm, all discussing that great sport, the game of golf. In the clubhouse other members are living it up, playing cards or just shooting the breeze. Elmer Ebert, Harold Oppice, Joe Zielinski and Bob Kreiner all held perfect hands at gin rummy. Pete Wlodkowski and Bob Placek and their pals are playing poker. Bob Pollock and Carl Madda are talking over State Society business. Basil Cupis is looking for his lost camera—hope he finds it. I am trying to unravel the mystery of Doug Meinig's station wagon, with no help from him. Someone says President Luebke plans to

take a million or so locusts up to Wisconsin for fishing bait. And isn't it great to see Gus Tilley again—here all the way from Hollywood, Florida. And by popular acclaim, the two best-dressed men at the outing—Sam Kleiman and Gerson Gould! Wish I had the time and the space to mention all the boys here today, but of course I do not. However, all of them seem to be of the opinion that White Pines is an ideal spot for our outing, and the golfers agree that the course is a good one.

Seven o'clock, and 114 of us sit down to a delicious roast beef dinner. After a few announcements from Bob Oppice, we hear from President Luebke who congratulates Bob for the fine job he's done today and then introduces the men at the head table, the officers and directors, Tom Starshak, President of the Illinois State Society, and Edgar Stephens, Program Director for the Committee on Dental Health Education. Now for the distribution of prizes, the moment for which the golfers have been waiting! Four men won a chance at the three blind bogey prizes by scoring the lucky number 87. After drawing cards to determine the winners, the results were, 1st: \$38 to Paul Kanchier, 2nd: \$23 to Sol Shiret (who added that score?) and 3rd: \$15 to Bill Osmanski. The President's Cup went to Henry Urban for low gross of 72; a guest, Bud Blaha, shot a 71 but, of course, was not eligible for the cup. Henry Huntington's prize for ball closest to the pin on the short hole, a beautiful radio, went to a guest, John Giannini. Many more prizes are being distributed—seems like just about everyone present will be going home with one.

It's been a perfect day. If you missed it, come out next year and join the fun!

Just one more word before wrapping this up. Want to thank all of you for the fine way in which you have received this column. Your comments will be appreciated!—Orville (Country) Larsen.

Complete Denture Prosthesis†

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This article is intended to present a method used successfully in my office over a period of many years. The principal features of this method are (1) the securing of nonpressure impressions of tissue at rest, (2) the recording of the positive centric relationship, (3) the development of a denture outline to follow the junction of moving and non-moving tissues, (4) the establishment of the correct vertical dimension, and (5)



Dr. Carlton

the selection and arrangement of teeth to allow for lateral movement without cuspal interference on a flat plane of occlusion. Four appointments are used to carry out the necessary procedures.

FIRST APPOINTMENT—PRIMARY IMPRESSIONS

Primary impressions are made to build well-fitting trays for the final impressions. To determine the outline of the custom-built lower tray, it is important to have the following regions included in the primary impression (Fig. 1):

- A. The depth of the fossae on the lingual side of the anterior part of the ridge.
- B. Extension below the internal oblique line and the retromolar pad.
- C. The mucolabial and mucobuccal folds.
- D. The entire retromolar pad.

†Read before the American Denture Society, Chicago, Ill., Feb. 7, 1954.

Reprinted from the Journal of Prosthetic Dentistry, May, 1955.

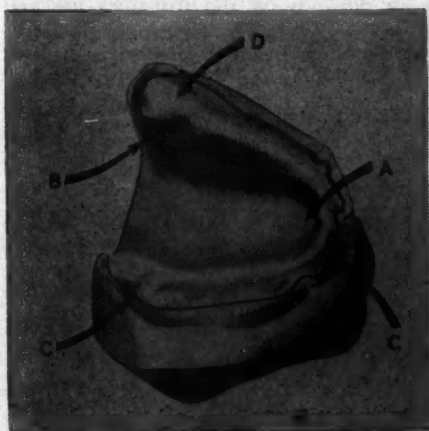


Fig. 1.

Fig. 1.—The outline of the lower tray. It includes A, the lingual fossa, B, extension below the internal oblique line and the retromolar pad, C, the mucolabial and mucobuccal folds, and D, the entire retromolar pad.

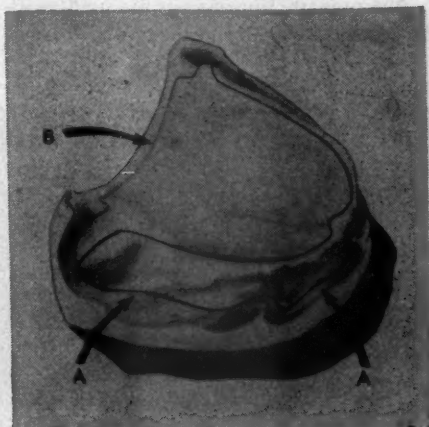


Fig. 2

Fig. 2.—The outline of the upper tray includes A, the buccal and labial folds, and B, extension 3 mm. back of a straight line between the hamular notches.

The outline for the custom-built tray for the upper primary impression should include the following important regions (Fig. 2):

A. The buccal and labial folds.

B. Extension on the palate 3 mm. back of a straight line connecting the hamular notches.

A low fusing compound is used, and the impression tray must be shaped in such a way as to carry the compound to all important regions. The impression compound must be soft enough to flow readily.

Oversized upper and lower impression trays are constructed by adapting spacer wax, 1.5 to 2 mm. in thickness, over the primary casts obtained from the compound impressions. The spacer wax is used over the entire area of the lower primary cast with stops provided in various places. Self-curing acrylic resin is used for the construction of the trays (Fig. 3).

For the upper tray, spacer wax is carried to the crest of the ridge starting in the labial and buccal folds. No spacer wax is used on the palate (Fig. 4).

SECOND APPOINTMENT

Nonpressure impressions are made with processed plaster in the custom-built trays.

With a properly designed tray no difficulties should be encountered. A good final impression includes all denture-bearing areas with accurate detail without impingement by the tray on the soft tissues. The impression border will present a rather thin roll.

A nonpressure impression procedure is chosen because it has been observed that the tissues are displaced rather than compressed by pressure and that such displacement will cause resorption. This resorption causes loss of retention in dentures made by pressure methods even though the immediate results are very good.

Processed plaster is used for the nonpressure impressions. A thin mix of plaster is essential to prevent tissue displacement while the impression is made. Dentures constructed on casts made with an impression without tissue displacement will not cause resorption. As a matter of fact, a massaging effect which will stimulate the supporting structures will be obtained by the intermittent force of mastication.

The outline of the upper and lower denture is of utmost importance. The junction of moving and nonmoving tissue establishes the basic outline or border of the denture. The stability of a denture base depends on the stress-bearing and retentive areas. The harder areas of the

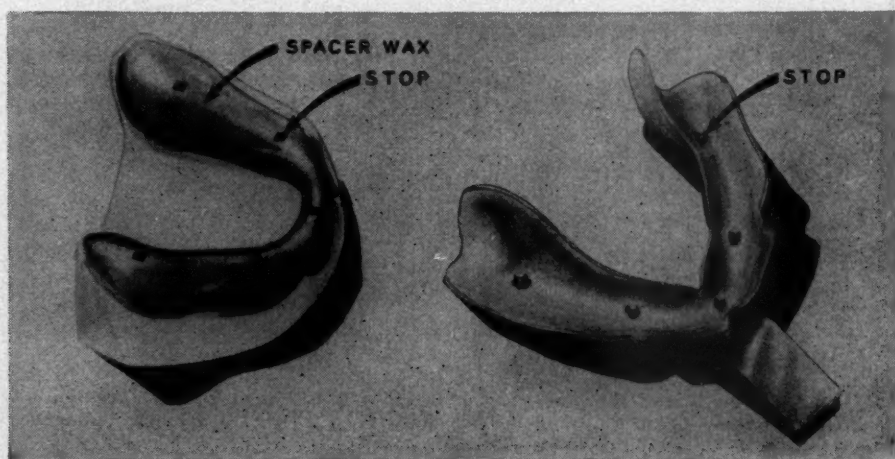


Fig. 3.—Left, Spacer wax on the primary lower cast. Right, Stops in the acrylic resin tray.

ridge and the palate are stress-bearing areas. Between the termination of the ridge and the mucobuccal fold of each jaw is a certain amount of resilient tissue which has retentive possibilities. The retromolar pad represents another resilient potential for retention.

Dentures outlined according to the description given will possess maximum stability and retention (Fig. 5).

An intraoral tracer is used to obtain the correct jaw relations. In order to mount the tracing device correctly, a primary centric relation record is made.

A wax occlusion rim is constructed on the lower primary cast. A soft wax is softened, placed on the wax occlusion rim, and seated on the lower ridge. When the jaws are closed into this wax, a primary centric relation record for the preliminary mounting of the final casts on the articulator is made with reasonable accuracy.

The articulated casts will facilitate the proper mounting of the tracing device and also the arrangement of the upper and lower anterior teeth on the occlusion rims for the try-in at the next appointment.

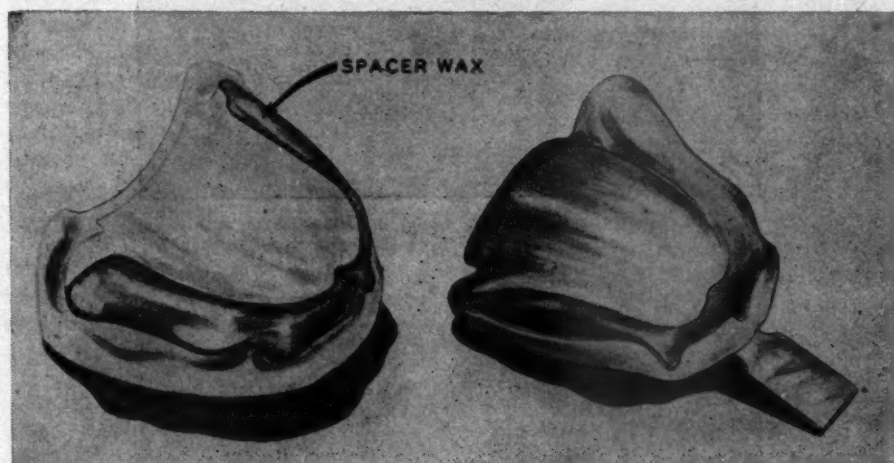


Fig 4.—Spacer wax is carried to the crest of the ridge on the primary upper cast. The upper acrylic resin tray is not relieved in the palatal region.

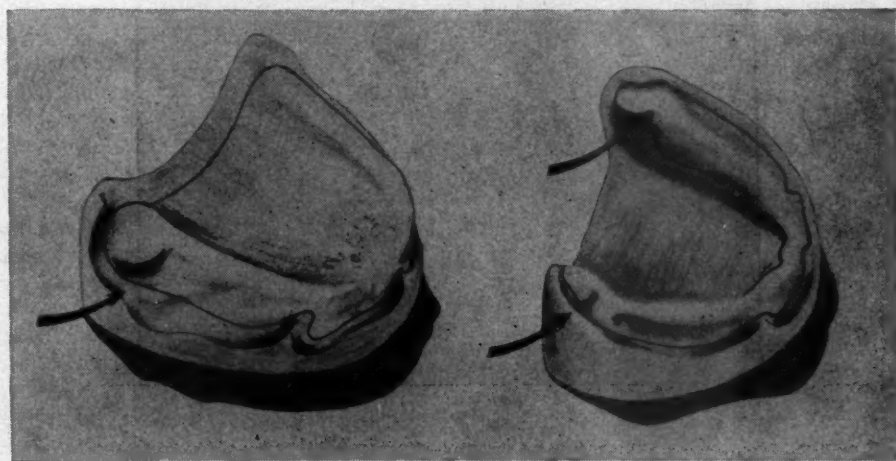


Fig. 5.—The upper and lower denture outlines on the final casts.



Fig. 6.—The intraoral tracing device attached to the stabilized baseplates and occlusion rims.

Fig. 7.

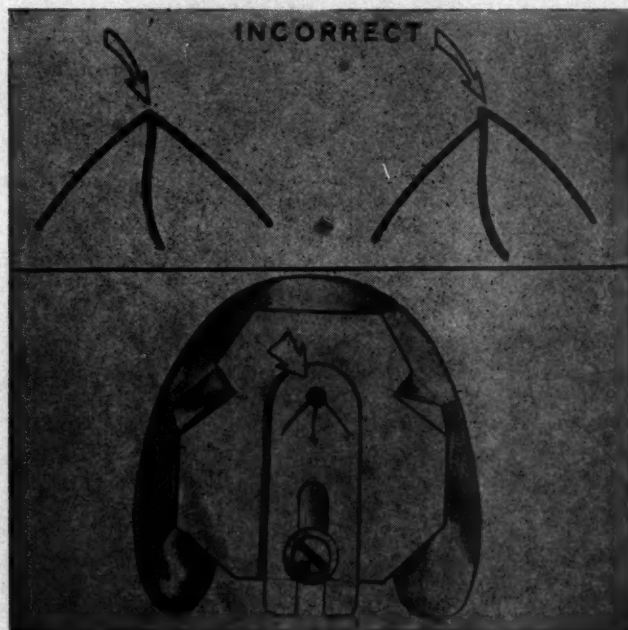


Fig. 8.

Fig. 7.—Left, A correct tracing. Right, An incorrect tracing.

Fig. 8.—The hole in a plastic control piece is locked exactly over the apex of a perfect tracing.

During the second appointment, the proper tooth shade is selected, making sure that the shade harmonizes with the patient's coloring. Sex, age, personality, and complexion are considered in the selection of teeth.

THIRD APPOINTMENT

A positive centric relation registration is obtained by means of an intraoral tracing device which is mounted accurately on stabilized occlusion rims (Fig. 6).

The patient will always return to centric relation at the end of a masticatory stroke. Centric relation is the most retracted position of the condyles in the glenoid fossae from which lateral mandibular movements may be made. It must be recorded accurately in order to secure the maximum of comfort and efficiency in mastication for the patient.

Stabilized occlusion rims are constructed, and the tracing device is mounted on them. The stabilized occlusion rims are constructed on the casts made from the final impression with a flat plane of occlusion at a predetermined vertical dimension of 40 mm. The flat plane is established by the incisal edge of the lower anterior teeth anteriorly and by the height of the retromolar pads posteriorly. Eighteen millimeters is accepted as the dimension from the labial fold, close to the labial frenum, to the incisal edge of the lower anterior teeth. A metal plate is mounted on the lower occlusion rim, and a central bearing screw is attached to the maxillary occlusion rim at an over-all vertical dimension of 40 mm. The vertical dimension can be changed at the time the tracings are made by adjusting the central bearing screw or at the time of the final try-in. A vertical dimension of 40 mm. has proved to satisfy the requirements of 95 per cent of all patients. Relining paste or liquid wax is used for stabilizing the baseplates.

The stabilized baseplates, with the intraoral tracing device attached, are placed in the patient's mouth and the movements of the lower jaw are recorded. A sharp

apex of the tracing is necessary to indicate the correct jaw relationship (Fig. 7).

A plastic control piece which contains a small hole is placed on the lower metal plate, and the hole is lined up with the apex of the tracing (Fig. 8). The control piece is secured in this position by means of a screw. The central bearing screw should slip in the hole of the control piece.

This correct relationship between the upper and lower occlusion rims is maintained by plaster locks. It is most important that the plaster locks are accurate since the success of the upper and lower dentures will depend on proper jaw relationship. Therefore, a second set of plaster locks are prepared. They should be interchangeable for use after the casts have been mounted on the articulator.

The upper and lower anterior teeth are arranged and tried in the mouth. The shade selection and arrangement of the teeth and the vertical dimension are checked. An increase or a decrease of the vertical dimension may be necessary. If a change in vertical dimension is made, it will not affect the centric relationship of the casts. The opening and closing movement of the mandible is a hinge action which occurs with the condyles remaining in their sockets and acting as rotation centers. Therefore, centric relation is constant at any vertical dimension within reason.

The final orientation of the casts is accomplished on the articulator. The intraoral tracing produced by the jaw movements of the patient are reproduced on the articulator. A simple protractor has been designed for this purpose. The lower cast is relocated on the articulator in the proper relation with the centers of rotation of the condyles by means of the tracing. The relation of the apex of the angle of the Gothic arch tracing to the centers of rotation is determined by measuring the angle of the tracing and relating this measurement to the articulator (Fig. 9).

An articulator with a lower base that can be moved anteriorly and posteriorly as well as laterally is used for the orientation of the lower cast. The proper height of the lower cast was established when the

casts were mounted previously. After final orientation of the lower cast, the upper cast is remounted by means of the stabilized baseplates, and the intraoral tracing devices, which are held in the correct relationship by the plaster locks, are used.

The lower posterior teeth are set up on a flat plane of occlusion. The registration of the Gothic arch tracing on a flat plate indicates that the mandible is able to move on a flat plane. The selection of teeth that will function on a flat plane is very important. It has been observed that the movement of the mandible is governed by the occlusal surfaces of the posterior teeth. The articulator used has flat condylar and incisal guidance inclinations which are parallel with the flat plane of occlusion (Fig. 10).

In arranging the teeth, close attention is paid to balanced occlusion of the posterior teeth and a natural arrangement of the anterior teeth. The posterior teeth are set so there is no cuspal interference when lateral movements of the articulator are made.

After the dentures are processed, they are remounted on the articulator to make sure that no processing error has occurred. Spot grinding may be necessary to obtain a satisfactory final balance of the dentures on the articulator.

FOURTH APPOINTMENT

No adjustments will be necessary when the dentures are placed in the patient's mouth if all steps have been carefully followed. Centric relation should never be corrected at the time the dentures are delivered to the patient. The patient may have had dentures with an incorrect centric relation for a long time and, therefore, it will take a day or more for the patient to get used to the correct jaw relationship.

If correct impressions were made, and the proper jaw relationship was established, the dentures will be most satisfactory as far as stability, retention, and function are concerned. The importance of esthetics, however, should never be underestimated. The patient is interested as much or possibly more in "good looking" as in proper functioning dentures.

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DOLLARS FOR DENTISTRY

Congress has approved and sent to the White House a record-breaking appropriation of \$170.4 million for medical and dental research work of the National Institutes of Health. This is about 80% more than the research programs had to spend in the current fiscal year ending June 30. Dentistry's 2.136 million of fiscal 1956 is raised to 6.026 million for 1957.

And, thereby, hangs a tale. The Senate originally ok'd the six million dollars for dentistry. But the Appropriations Committee of the House reviewed the amounts and voted to cut it back to three million. Congressman Fogarty of Rhode Island agreed to move to have the cut restored when the bill came on to the

floor of the House and the American Dental Association mobilized every force at its command to gain acceptance of the restored amount by the members of Congress. Telegrams from the officers of the Chicago Dental Society went to every Chicagoland representative in Washington plus many personal messages from dentists inspired by our officers. The Society has received appreciative messages both from the ADA and from several of the proponents of the restoration in Washington for the prompt and vigorous part it took in the activity. This is a partial answer to the recurrent curiosity as to how the officers of the Society improve their shining hours.

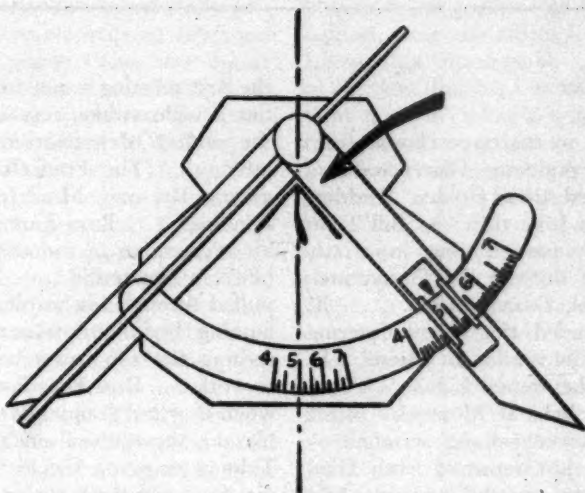


Fig. 9.—A protractor is used to relate the casts to the articulator with the included angle of the tracing as the reference point.

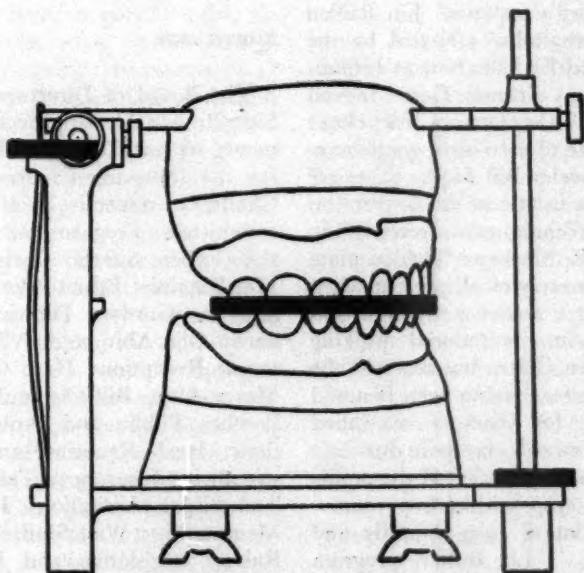


Fig. 10.—An articulator with flat incisal and condylar guidances is used. These guidances and the occlusal plane are parallel to the base of the instrument.

NEWS OF THE BRANCHES

WEST SUBURBAN

For success in marriage choose June. Proof of the pudding—Clarence Pikas' folks celebrated their Golden Wedding anniversary on June 16th. . . . Bill Tolar (Col. Bill) is participating in a two weeks' tour of duty at the Fitzsimmons Army Hospital, Denver, Colo. . . . T. Mosetick attended the recent International Lions' Convention in Miami, Fla. On July 8th the annual Lions' (Cicero) picnic will be held at Mosetick's picnic grove. . . . Best to check this personally—Ted Chrobak just returned from Hayward, Wisconsin, caught over 300 fish. From the recorded amount he intends to have a public fish fry. . . . Ed Brundage and family leaving for their summer home in Minocqua, Wisc. If you are driving in the vicinity—drop in and stay for a day or two—weekend house pests always welcome. . . . "Bird's appetite" Jim Ridlen enjoyed the hospitality afforded by the much publicized Eli Lilly tour at Indianapolis, Ind. . . . Francis Fierce moved his trailer to Lake Geneva for closer study on the life of a country gentleman. . . . World traveler Bill Lapka takes off soon for Alaska to attend the convention and learn new techniques on frozen filling materials. . . . R. Mathews "fashion plate leader" was the envy of all present when he appeared at a recent study club officers' meeting in his tailored walking shorts. . . . Vern Cultra has reached the pinnacle of success, having been honored by the A.D.A. for years of continued membership. Reward—no more dues. . . . Don Jaeger expects to retire off the profits from his corn crop within five years—sounds like a lot of corn, literally and productively. . . . Les Butler, program chairman of the W. Sub. Study Club, just returned from celebrating his twenty-fifth wedding anniversary in New York. Reports the program for the coming year taking shape. Contrary to all reports,

the first meeting is not to be a sleeper—but a wide awake, revealing treatise on the subject of hypnotism. More details later. . . . The Francels had as house guests, Dr. and Mrs. Juan Correa of Panama. . . . Buzz Fanning is building an addition to his house to serve as an office in Naperville. . . . LeRoy Sanden pulled through his hospitalization and is basking beside his swimming pool absorbing the sun's rays before returning to work. . . . Russ Benedict likes children, when they are grandchildren. Statements like the above reveal one's age. . . . Stan Tylman to go on Uncle Sam's reducing diet for a two-week period at Camp Ripley in Minn. . . . As part of your dues you are entitled to see your name in print, provided you send us the news. Drop us a card.—*Sylvester W. Cotter, Branch Correspondent.*

NORTH SIDE

The Board of Directors of the North Side Branch has approved the appointments of our President, Harold Sitron, for the following Chairmen and Vice-Chairmen, respectively, of the following committees: Program Committee: Warren Gerber; Sports: Carl Sudakoff and Mel Schainis; Ethics: Bernard Margolis and Joe Gordon; Dinner and Attendance: Clif Alsin and William d'Autremont; Reception: Herb Gustavson and Morry Altus, Bill Osmanski and Russell Boothe; Public and Professional Relations: Herb Krummel and Irwin Hirschenein; Insurance: Ted Dubrow and Ted Siegel; Visitation: Henry Parkin; Membership: Walt Shulruff and Harold Rabin; Legislative and Law Enforcement: Joel John and Harold Lange; Constitution and By-laws: Walter Nock; Credentials and Registration: Dan Nechtow and Morry Gerry; Dental Health and Education: Dan Silberberg and Jules

Hazekorn; Correspondents: I. H. Shapiro and Abe Hoffman. . . . All the above chairmen are looking for able assistants to help them with their committee work, so if you can possibly help on any committee, please phone them and signify your willingness to serve. . . . The following nominations were made to the Downtown Committees: General Clinics: Jack Langer and Bob Peterson; Motion Picture: Ray Bro; Entertainment: Manny Smith; Exhibit Registration: Fred Dainko; and Registration and Credentials: Paul Brown. . . . Joel John was appointed from the branch to serve on the State Legislative Committee, of which Frank Hurlstone is Chairman. . . . A new group has been formed by many members of the North Side Branch: The North Side Dental Research Group. This group plans for many new phases of dentistry to be brought to North Side dentists and we can expect great things to come from them. . . . One of our newer North Side members, having been transferred from the West Side, is leaving for a 2-month safari to Africa. No, there'll be no shooting. He will do his hunting with a paint brush. Besides being a good dentist, he is a capable artist, doing work in sculpture as well as painting. His itinerary will be Gibraltar, the Belgian Congo, Union of South Africa, Isle of Zanzibar, Ethiopia and Egypt. Traveling is nothing new for him, having circumnavigated the globe in '51, visiting 31 foreign countries. When he gets back, we ought to plan a hobby show for our dentists at the Midwinter Meeting. We'd all be surprised to know how many of our dentists have very interesting hobbies, not only in art but everything from making shot-gun shells and fishing flies to rare coin and stamp collections. How about contacting me on names of dentists who do such work so that we can round them up for the show? . . . I am glad to hear that the CDS has sent letters to Congress supporting the move of the Medical Library from Washington to Chicago. As Chicago is fast becoming the medical center of the world, this move should be supported by all of us. . . . Fred Hansen is at August

tana Hospital recovering from surgery and we expect him back at the chair on the 15th of July. . . . Boy, you should visit Manny Smith's office. He has one of the lightest, most airy offices I have yet seen. It's worth a trip to see it. . . . It was good to see Sam Jacobson in the building the other day. He claims to be in better shape than before he got sick. From his description, it sounds like a miracle was performed. . . . Carl Sudakoff really has his hands full, nowadays. On top of the mess of moving into his new home in Lincolnwood, his wife is quite ill. All bad things come to an end, however, and here's hoping everything will be all right. . . . Paul Brown and Sam Hopp report the distinction of meeting the Dean of the Israel Dental School, Dr. Eno Sciaky, (pronounced Shaky), at the A O Seminar held at Waukesha. Other North Siders present at the Seminar were: Morry Altus, Joe Krohn, A. Kastel, Harry Hurwitz, Bill Keats and Al Kamin. After a month, they are still raving about the wonderful time they had. . . . Warren Gerber slept thru a robbery at his home, while his wife and daughter were away, celebrating the daughter's graduation from Junior High. It's a good thing they didn't steal Warren. Warren has been elected to membership in the A O. . . . Here are our new meeting dates for the coming year. Mark your calendar now! Wed., Oct. 3rd, from 10:30 a.m. to 3 p.m.; Tues., Nov. 13th at 8 p.m.; Wed., March 6th, all-day; and Tues., April 2nd, 8 p.m. The Program Committee has already lined up some outstanding talent for our meetings, and the Dinner Committee promises the best food obtainable. Call Cliff Alsin for dinner tickets NOW! Help-Help! I need more news. What are you guys doing?—*I. H. Shapiro, Branch Correspondent.*

SOUTH SUBURBAN

As the sun slowly sets on another of the South Suburban activities, your correspondent sits shivering in front of an air-conditioner down Florida way. . . .

Charlie Cosgrove has already begun to organize his programs and committees. He reports that he is in perfect health and able to discharge any and all duties of the presidency, including 36 holes of golf weekly. . . . Chicago Heights has put out the welcome mat for a new stomatologist; glad to have you in South Suburban, John Fox. . . . Waldschmidt was barred from the annual golf outing of his graduating class. He won all the marbles last year. . . . Myron Bardige is at home in his new office in Homewood. The rest of us are still operating from our usual dingy sweatshops.—*Herbert I. Hammer.*

WEST SIDE

Your correspondent attended the Chicago Dental Society golf outing at White Pines on June 20. Many West Siders were in attendance; I saw Kelly, Kleiman, Madda, Rakow, Shiret, Owen, Cahill, Reilly, Zipprich, Blaha, and Nienstedt. Everyone had a wonderful time, thanks to Bob Oppice and his committee who did a very excellent job. Our men did all right on the prizes, Jesse Owen took the low Peoria prize with a 64. Sol Shiret went home richer by taking the second high money in the cash Blind Bogey. George Blaha's son, Bud, shot his usual brilliant game, a 71 scratch. . . . Frank Conklin flew in from his summer home in Ontario for a week's visit. Stayed with his nephew, Bob Tuck, out in Lombard. He visited many of his old friends and former associates at 4010 W. Madison where he formerly practiced. He is enjoying his retirement to the fullest. . . . A group of West Siders have formed a study club and are working with Joe Josh, learning the fundamentals of full mouth reconstruction. . . . Bill Gubbins has completed a course in Military Justice given by the Navy out in Forest Park. They have a school for reserve officers out there and a variety of courses not of a dental nature are given. They give promotion and retirement points for these courses. Bill recommends the school

highly and will enlighten anyone interested in the courses proposed for next September. . . . Harry Weinfeld headed for California to visit his son who is a pediatrician out there. He will be gone 3 or 4 months traveling around the West. His son, Herbert, is taking over the practice in his absence and also supervising the construction of their new 1-story office at 5720 W. North Ave. They hope to be in by October 1. . . . Harry Brown is planning a trip to Long Island to visit his son who is conducting an orchestra out there. . . . Jim Dillon is spending 3 weeks up in Canada on his vacation. . . . Jesse Owen left July 6 for Jasper National Park up in Alberta, Canada. He is planning a month of golfing and trout fishing. . . . Earl Boulger left July 5 for his summer home up in Canada. He will spend 2 months up there away from the heat in Chicago. . . . Bill Gubbins is going to spend his vacation at Dewey Lake, Michigan. . . . If any of you have any news please call Adolph Stark or myself, at 4010 W. Madison St.—*W. L. Bingaman, Branch Correspondent.*

NORTH SUBURBAN

Well, Frank Yager caught me in a weak moment, so yours truly will be providing the copy for our branch every third issue. There will be lots of interesting news in the months to come in and around the neighborhoods more familiar to your writer. . . . "Ibby" Ibbotson will be attaching his sign to a shiny new building late in the fall. . . . The Pomierski twins introduced themselves to the North Suburbanites at our annual golf outing and announced their plans for a new dental building in Mundelein. . . . Leo Janks also told of his plans to move to a new location in Waukegan. . . . Julian Tack is now occupying a swanky suite in his new building in Libertyville. It's a dental-medical center that's adding a great deal in the way of service and beauty to the town. . . . E. A. Archer's Professional Building in Lake Forest is

(Continued on page 29)

N.U. 1953 Woman Graduate desires part time association in general dentistry and/or pedodontia. Loop or far South location. Available immediately. Address N-24, The Fortnightly Review of the Chicago Dental Society.

Dentist, 26, Illinois licensed, completing Air Force tour Sept. 1956, would like full time association with dentist in Chicago or surrounding area. Address N-31, The Fortnightly Review of the Chicago Dental Society.

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PROFESSIONAL COMPETENCE AND ATTITUDES

(Continued from page 9)

ago we had slavery in this country. Less than 50 years ago we saw child labor, sweat shops, the denial of many of the now broadly accepted rights of unions. Today this rejection of human rights is no longer prevalent and we see the very evident breakdown of racial and minority groups, the spread of civil service, old age security programs, pension programs, and the income tax with its socializing influence. In all of these changes there is an underlying theme: the recognition of people as human beings, as individuals with social, economic and emotional problems. Isn't our intense opposition to communism based not so much on objection to communal owning of property as on the subjugation of the individual to the state and the failure to recognize the citizen as an individual?

It would appear that these newer concepts of human relations have created an entirely different atmosphere in which we must practice our profession, and because of this we must anticipate modifications in our way of practice. In fact, a new mode of practice will be needed so that emphasis may be placed upon a consideration of the social, economic and emotional problems of our patients as individuals.

The dental schools and colleges of the future will not have fulfilled their obligations to the profession or to society if they prepare their students only to practice as doctors to an important organ of digestion. It will not be enough to diagnose its ailments, correct its local malfunction and integrate it with other organs of the body as a whole. We will have to go beyond this. The new mode of dental practice calls upon us to consider patients as human beings with all of their social, economic and emotional facets. Furthermore, these human beings live with others and we will have to be prepared to diagnose and plan treatment on a community basis. The demands forced upon us by these world-wide changes in conditions and attitudes cannot be met

simply by adding to our professional competence. Improved technical skills and increased scientific knowledge will not solve this problem. How, then, can we bring about the change to this new mode of dental practice? First, we are going to have to review the relations of our health professions with the changing social structure, and this may well lead to a change in attitude in regard to the definition of private practice. Members of the profession are going to have to learn to look at their patients as total human beings and to understand the psychological implications involved in dental treatment. The dental schools are going to have to reevaluate their objectives and to test the validity of traditional curricula. After a few words of background explanation, let me give you an example of the new concept of dentistry's place in the social structure.

Obviously, those who practice in the health professions earn a livelihood by so doing, but while the motive of profit and income supplies some of their incentive, these professionals expect and are expected to work toward the total welfare of the people. The state grants them a license and hence a monopoly to practice their profession within the regular civil law structure. However, because they have the added obligation of striving toward the total welfare of the people, the professions have established through their professional organizations their own rules and customs, or codes and principles of ethics, which are devices developed by the professions to insure that they will continue to merit the state-granted monopoly. We well know that what the state has granted the state can take away, or so dilute with sub-standard practices as to destroy the monopoly.

This could have happened in San Francisco last year, except for the far-sighted leadership of some members of the profession. The International Longshoremen and Warehousemen's Union and Pacific Maritime Association began to initiate their children's dental care program. The first reaction of a number of dentists was to get out an injunction

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to halt the program on the assumption that it was in violation of the dental practice act. What a kettle of fish that would have been! Eight thousand dentists trying to maintain a dental practice act in a state of twelve million people, and maintain it in the face of opposition from the unions and organizations such as parent-teacher groups who are frankly unhappy about the distribution of dental service. We would have ended up with a diluted dental practice act that the citizens as well as the dentists of our state would have regretted for years. Fortunately, some of our more progressive dental leaders prevailed, and today we see the California State Dental Association working with these two groups and developing a program that may well be setting a pattern for future dental practice.

There are other signs that our profession is changing its attitude. I refer particularly to the activities of our councils on dental health, our push for fluoridation, Children's Dental Health Week, school lunches, oral health education programs in the schools. All of these are steps in the direction of a changing attitude. The prepayment and postpayment plans are also examples of the profession's recognition of economic problems on a community-wide basis. In my opinion, these are examples of the new mode of dental practice at the community level. Now let me cite an example in private practice.

A few years ago a young lady came to me as a patient. Although only in her

early twenties, she had an advanced periodontosis of a type and to an extent that there is not a dentist in this room who would not agree that there was no hope of successful treatment and that extractions and a full upper and partial lower were inevitable. Furthermore, the patient's general health was not good, and one felt there was more than likely a close connection between the oral infection and her state of well being. And yet with all of this I treated those teeth for over a year. Many dentists would feel I had violated the tenets of good practice, and yet I do not think I did. This young lady was engaged to be married and she had a horror, amounting almost to a psychosis, of going on her honeymoon wearing artificial teeth. Perhaps I was wrong. Maybe I subjected her to some discomfort, unnecessary expense, and loss of time. It could be that I shortened her life by retaining obviously infected teeth. These things I do not know, but I do know that at the time, in my judgment, this was the thing to do. In other words, the modern diagnosis and practice of dentistry calls for us to add to our scientific knowledge and clinical skills a consideration of the patient as a person with social, emotional and economic problems. I do not claim that what I did for the patient was right, but I do hold that what I did was based on the total consideration of a human being and not on the knowledge of the mechanical and biological reactions of a number of parts of a human being.

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It appears to me that as a profession we are making progress in this new mode of dental practice, but one has difficulty in observing a similar amount of progress being made by the dental schools.

As I have indicated earlier, there will have to be changes in dental education to prepare young people to practice dentistry within this new concept. We must take a fresh approach as we review the objectives and responsibilities of dental education.

The schools must first develop sound methods of selecting students whose motivating interests as well as their educational backgrounds fit them for dental education. In a recent study of the factors that motivate students to study medicine, dentistry, nursing, pharmacy, dental hygiene and public health, it is very apparent that many dental students are attracted to dentistry because of such material advantages as expectation of financial reward, the independence of a dentist, favorable hours, and so forth. The dental profession must share the schools' responsibility in making the practice of dentistry attractive to those young people with a strong social consciousness who are seeking a way of life which offers continued intellectual challenge as well as the advantage of material gains.

There is no question that the dental schools have made much progress in recent years; however, it has been largely by extending the frontier of our knowledge through research. Progress in methods of imparting this knowledge to the

students, on the other hand, has been slow. Our faculties are not always well chosen, and for the most part, although they are competent professional people, they are amateurs in methods of education. For this reason, teaching in dental schools has not kept pace with advances in general education to the extent that one would hope for. We still see emphasis being placed on lectures and memory courses, with little use of modern pedagogic methods. We still find instructors trying to teach the student instead of "causing him to learn." While professional competence is of vital importance in a dental teacher, this emphasis has led us into the error of failing to require in addition some of the other more intangible assets of a good teacher. We are quick enough to investigate the prospective teacher's technical proficiency and his capacity for hard work, but how often do we look into his ability to lead students and to point the way to their practicing within the definition of this new concept? It would appear that our schools demand more perspiration than inspiration from their faculties.

As we think of these examples of the need for new attitudes on the part of the members of our profession, we realize that in order to bring this about the time for change in dental education is now. We have to find the answers to questions such as these: Is our overcrowded curriculum frozen? Are we teaching the same courses year after year, and are we requiring students to spend a certain

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number of hours in each subject only because of tradition? How are we going to solve the problem of the gradually lengthening time for the preparation for dentistry with the growing need for post-graduate education? This increase in the years of preparation cannot go on forever, or we will be faced with the problem of having our selection of students limited to those whose families can afford to finance their children to this extended period of education.

Anyone familiar with dental education can add innumerable other questions to which we must find the answers if the practice of dentistry is to acquire its fourth dimension.

Even dedication addresses eventually round into the home stretch. Dentistry has been shown to have developed as a competent profession in the past 50 years, which has paralleled the growth of the College of Medical Evangelists. During this same period, there have been many social, economic and political changes. If dentistry is to hold its recently attained rank in the eyes of the people, it must liberalize old attitudes and adopt new ones. There is evidence that this change is beginning to take place, but needs to be accelerated.

We are gathered here to dedicate a building. It is a nice building—well planned and well constructed. It contains the most modern equipment and facilities. There are many aids that will facilitate the teaching that leads to outstanding competence in the professional field of dentistry. That is as it should be. How-

ever, one can point to over 40 other dental schools, all of whose graduates are, by and large, of about equal competence. Some pursue their studies in great edifices of marble and stainless steel, others in converted warehouses. All of them take State Board examinations and most of them pass, stamped as professionally competent dentists. But what of those other attributes of a dentist we have discussed under the general heading of attitudes? Have all of these schools selected, educated and graduated young men and women whose backgrounds and abilities are such that they can develop these attitudes? If we have selected people with these capacities, are the schools doing the job to develop the potential that exists? One does not know; but there is some evidence to doubt it.

The School of Dentistry of the College of Medical Evangelists has literally a God-given opportunity to develop this phase of dental education and dental practice. The whole history of CME has set the background for such an approach. The objectives of the College and the atmosphere of the entire institution lend themselves to the development of this new phase of dentistry. Without losing sight of the development of professional competence, let your school major in the development of these new professional attitudes. It is with this in mind that I prefer to dedicate the building, not as an end in itself, but as a means that will enable the College of Medical Evangelists to assume leadership in the development of this new responsibility for dentistry.



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NEWS OF THE BRANCHES

(Continued from page 20)

fully occupied with three dentists, L. J. Van Note, Martin Pesek and myself, and three other professional men. All patients concerned with these new projects are especially delighted with two features: no stairs and no parking problems! . . . H. O. Gaebe of Libertyville has been out East for a vacation and L. J. Van Note took a rest in sunny Florida before he moved. . . . Vic Sleeter enjoyed a visit from his two grandchildren (and their parents, incidentally) who live in San Antonio. . . . Before Anselm Lahti left for Europe he was busy in Lake County testing a new movie camera and a 35 mm job. May be the source of a good program next fall. Who's chairman? . . . Our recent rainstorms caused Dick Fischl a bit of understandable concern. His wife, in trying to relight the pilot burner on the water heater, suffered painful burns on her hands. Dick says it wasn't too serious and she should be o.k. at this writing. . . . It's too bad I didn't find time to contact the "best damn dentist in Gurnee" (Harold Link, to the uninitiated). With his ear to the ground out "there" we could've filled another column. — George E. Kearns, Branch Correspondent.

NORTHWEST SIDE

With summer making fitful advances, with temperatures hovering in the 90s, I'm prompted to seek cooler surround-

ings. Therefore the family and I are departing for the cooler spots of Canada. Lee Schwartz has consented to pinch-hit for me till I return. . . . Marine Ninth Infantry Battalion will host Branch Secretary, Alfred Altern, in a Reserve Cruise during July. I don't know of a better way to keep cool. . . . George Birch, fisherman *par excellence*, caught a twenty-one pound, forty-five inch muskie. What a catch! What a fish story! . . . Sam Cascio is reporting business so good that he is undertaking an expansion program. More power to you, Sam! . . . Through the grapevine, word reached me that Lieutenant Colonel Alex Waxler, formerly of Lawrence Avenue, now registers from Fort Leavenworth. . . . August Giraldi is spending a few days fishing in Frederick's Resort on Lake Kabetogana, Minnesota. . . . Pete De Boer and Folmer Nymark spent a week fishing in Chain O'Lakes. They returned to Chicago just long enough to pick up their families and were then headed for Lake James, Indiana, to attend a Class Reunion. . . . Martin and Mrs. Juel left for Canton, South Dakota, to celebrate the fortieth wedding anniversary of his brother, Melvyn. . . . Morris Schneider, Norm Kirschner and Maurice Levine spent two weeks fishing in Canada. And what do you know! So help me, I speak the truth! They caught nothing! Why don't you boys take lessons from George Birch! . . . Tropical fish fancier, Ben Davidson, was Chairman for Chicago at the Annual Alpha Omega Seminar held at the Moore Hotel, in

(Continued on page 32)

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(Continued from page 29)

Waukesha, Wisconsin. . . . Morris Bernards and family are vacationing in Burlington, Wisconsin. . . . When in the vicinity of Higgins and Harlem, visit the new office of John Caringella. They tell me it's a nifty! . . . Ewald A. Iwick celebrated his daughter's graduation by taking the family for a week to New Orleans and then on to Miami for two weeks. . . . As I said before, I'm headed for Canada. Send all news to Lee Schwartz, 4000 West Division Street—Spaulding 2-8282.—*John M. Gates, Branch Correspondent.*

KENWOOD-HYDE PARK

The lure of a restful vacation has overcome many of the Kenwood gang. . . . Graham Davies has hung up the GONE FISHING sign and taken off for northern Wisconsin. . . . Rudy Grieff is on his way up to Rhinelander for a visit with relatives and then he is going East for a bit. . . . Clint Fisher enjoyed a wonderful stay at Sea Island, Georgia. Clint was ready to move down there after his vacation. . . . Sid Berg attended a Fraternity Seminar in Waukesha, Wisconsin, and then took his son to camp at the Culver Military Academy. . . . Willard Johnson stretched the Fourth of July holiday into a long weekend at Lake Springfield. . . . Ed Giles went to Pennsylvania for a little rest and to visit relatives. . . . Paul Jacobi doesn't need a place to go for a vacation; he packs the family into the CRUISER and they all enjoy the cool lake breezes. . . . Bob Kreiner

had a bang-up Fourth of July in Iowa. . . . Ascher Jacobs did some visiting and vacationing in Cleveland. . . . Elmer Ebert reports that there are just a couple of pups left, so you had better hurry. Elmer would be happy to deliver a pup in his new Olds 88. . . . A few of the members have requested an audit of the Kenwood books after Roy Eberle came up with a new Cadillac shortly after being installed as president. Roy and his staff have prepared a very educational year—with a few innovations for this coming season—watch for the official announcement soon. . . . The Chicago Dental Society's golf outing enjoyed its usual success. Elmer Ebert selling pups; Rudy "the old Pro" Grieff, Tom Hunble and Isamu Tashiro enjoying a round of golf and the Fearless Fishers having another heated match. . . . Walt and Mrs. Dundon were guests of the American Dental Trade Association's Diamond Jubilee Meeting at Lake Placid, New York. Walt reports that they had gracious and wonderful hosts and deemed it a privilege to attend the history-making meeting. . . . The Branch correspondents were the guests of the Chicago Dental Society at a luncheon held at the Palmer House on June 27. Lon Morrey, the Editor of the *ADA Journal*, gave an extremely interesting talk on the editing of the *Journal*, after which the group toured the printing plant and witnessed the processing of the *FORTNIGHTLY REVIEW*. An enjoyable time was had by all. . . . Linn Cooley is still recuperating and should be back in the office in a couple of weeks.—*Howard J. Harvey, Branch Correspondent.*

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